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NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

CHLOROFORM ANALGESIA.—The *Journal of the American Medical Association* describes a means of alleviating the dressing of painful wounds by means of a small amount of chloroform, self-administered by the patient. A piece of absorbent cotton about the size of a lemon is dipped into 5 c. c. of chloroform; the patient, holding the wad in the palm of the hand, applies it closely to the mouth and nostrils. The dressing can be begun in from three to five minutes and should be timed to end in twenty minutes. In half an hour the subject is able to resume his ordinary occupations. There is no nausea or disagreeable after effect. The quantity of 5 c. c. should not be exceeded. If absolutely necessary, the same dose may be repeated at the end of twenty minutes. It does not produce unconsciousness but a drowsy apathy in which the patient feels the pain less and is indifferent to it.

SAVING THE WASTE IN DRUGS.—An experiment made in this direction at the Bryn Mawr Hospital is related in a letter to the *Journal of the American Medical Association*. A list of all the stock in hand was prepared by the night nurses. It was found to include many duplicates and different preparations of the same drug; also different strengths, as eight preparations of calomel in various denominations and with varying amounts of soda. A list of drugs that seemed an irreducible minimum was prepared and submitted to the staff for approval or correction. It comprised some sixty standard preparations, including, for example, calomel in 1-2 and 1-10 grains only. Morphia in 1-4 and 1-12 grains, strychnin in 1-30 and 1-40, etc., from which other strengths could readily be made. No special prescriptions are to be written, except under unusual circumstances.

PREVENTION OF SIMPLE GOITER.—Writers in the *Archives of Internal Medicine* state that uncomplicated simple goiter disappears or is markedly decreased, by the administration of a small amount of iodine internally. There is no danger of poisoning. A very small proportion of cases may develop an iodide rash, which clears up when the treatment is stopped.

VEGETABLE MILK.—At a meeting of the American Pediatric Society, Dr. Henry Dwight Chapin advocated the use of a milk prepared from almonds. The nuts are ground fine, covered with water and allowed to stand in the ice box over night. The next day they are squeezed in a potato ricer, or a fruit press, or are pressed by hand through four layers of gauze. One hundred grams of nuts are covered with 200 grams of water; when they are pressed out, they may

be diluted up to 300 c. c. with water. This almond milk ferments much less easily than cow's milk; it has a higher fat content in the shape of almond oil, which is sufficiently emulsified to render it easily digestible; the proteins are much less apt to undergo putrefaction than in the case of cow's milk. Almond milk contains a large amount of phosphorus and a small quantity of sodium chloride, suggesting its advisability in rickets and nephritis. From its low carbohydrate content it is less likely to cause sugar fermentation. It has been tried on 1000 adults successfully. Its permanent use is not advised, but as it is rich in vitamins it has served a good purpose in typhoid, intestinal putrefaction, malnutrition secondary anemia and nephritis.

FACE MASKS.—*Progrès Médical*, Paris, quotes the article on face masks which appeared in the *Journal of the American Medical Association* as a great advance in the prevention of infection in communicable diseases. It will be remembered that by special permission we reproduced the illustrations in our June number, page 874. The French writer says that the use of netting over the beds, glass cubicles, etc., fails to do away with the vulnerable point of the nasopharyngeal secretions of the attendants. With this, infection may be spread from bed to bed and elsewhere. The masks prevent them from becoming carriers, or contracting the disease themselves. More extended observations must be made before their exact value can be definitely determined.

INTERRUPTED ANAESTHESIA.—In the Paris letter of the *Journal of the American Medical Association* mention is made of a demonstration by a French surgeon before the *Société de chirurgie* of a method of general anesthesia consisting in the alternate administration and suppression of the anesthetic in the course of an operation. At the beginning the anesthetic, chloroform, ether, ethyl chlorid, is given in just sufficient quantity to suppress sensibility and all reaction on the part of the patient. It is then discontinued and the operation proceeded with until the patient reacts sufficiently to interfere with the progress of the work. Then the anesthesia is resumed and continued until the patient is again in condition for the surgeon to continue. The advantages are said to be: the corneal reflex is preserved, the face keeps the normal tint, the pupils are not modified to any extent, the pulse is strong and of good quality. The patient never vomits during the operation, cardiac or respiratory syncope never occurs. When the anesthesia is terminated the patient regains consciousness almost immediately. There is no post-operative vomiting, sickness or shock and no icterus. This method was used in more than 100 cases without any accident.